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Paul Earlie

2 Psychoanalysis and the Rhetorical Tradition: Theory and Technique

I

For all the richness of his classical culture, Freud has curiously little to say about the rhetorical tradition. For some, this ellipsis is simply constitutional. According to his faithful biographer Ernest Jones, Freud never really went in for “ oratory” when addressing an audience,¹ a view endorsed by his English translator and editor James Strachey, for whom “ [Freud’s lecturing style] was never rhetorical [...] his tone was always one of quiet and even intimate conversation (SE, XV, 5–6).² That Freud’s prose is rhetorical and is so in a way that is unusually persuasive seems scarcely objectionable today. What is more striking is that the relationship between psychoanalysis and the rhetorical tradition never seemed of much interest either to Freud himself, who appears to have studiously avoided mention of the topic, or to scholars of classical antiquity, who have preferred to devote the principal part of their attention to psychoanalysis’s therapeutic retrieval of ancient myth and tragedy.³

In one sense, this situation is understandable. Parallels between psychoanalytic therapy and ancient tragedy are as numerous as they are diverse, from the importance placed on dialogue and *katharsis* to the necessity of formal constraints on space and time. These affinities explain why Freud, particularly in the early stage of his career, nourished such an abiding interest in the writings of the tragic poets. And yet, resemblances between the analyst and the rhetor are just as prominent: both are committed theorists, teachers, and practitioners of the *logos*; both are concerned with *pathos*, or affect, and its relationship to the spoken utterance; both emphasise the plasticity of character (*ethos*) in achieving persuasive results. The question, then, remains: why, given the force of such affinities, did

1 Jones (1953) 375.

2 “SE”, henceforth in the text, refers to Freud (1953–74).

3 For a concise history of the latter, see Bowlby (2009). Rhetoric, the *technē* par excellence for inhabitants of the supremely verbal *polis*, is mostly absent from more recent studies of Freud and classical antiquity (e.g., Armstrong (2005); Oliensis (2009)), though Le Rider (2002) provides important examples of the place of rhetoric in Freud’s gymnasium curriculum.

Freud circumvent classical rhetoric with such an impressive degree of insouciance? To attribute this lacuna to personal disposition alone is to evade the many wider-reaching questions it raises, chief among which are the role of language in the “analytic situation”⁴ and Freud’s complex relationship to the latter vis-à-vis the scientific ambitions of psychoanalysis.

As George Makari has shown, Freud’s theory of the mind was rooted in the new aspirational sciences of the nineteenth century (biological Darwinism, psychophysics, neuroanatomy), tempered as it was by typical Victorian frustrations regarding the limitations of scientific capability. As a consequence, Freud never relinquished his desire “to furnish a psychology that shall be a natural science” (SE, I, 295), as he phrases it in his incomplete 1895 manuscript, “Project for a Scientific Psychology”. He merely replaced the anatomizing vocation of his early career with the spatialized, psychical models of psychoanalysis, what he called “structures” or “topographies”. These fictive models were only ever intended as an expedient if temporary step on the road to eventual scientific legitimacy since “the deficiencies in our description would probably vanish if we were already in a position to replace the psychological terms by physiological or chemical ones” (SE, XVIII, 60). Nonetheless, Freud’s decision to abandon a research career in neurology and train as a physician was a momentous one, for it very quickly led him to the aetiology of hysteria, the logic of dreams, and the universality of the Oedipus complex. The direct necessity of treating patients untreatable by existing methods led Freud not only to the “speculative” models he so vaunts in *Beyond the Pleasure Principle* but also to the experimental *bricolage* by which he sharpened his therapeutic technique. This early search for a method led Freud to methods as distinctive, and controversial, as hypnosis and cocaine, before he stumbled on two techniques which became the cornerstone of analytic therapy for the remainder of his life: the interpretation of the patient’s free associations and the manipulation of the patient’s transference.

This discovery was, of course, also a rediscovery. But while the scientific, philosophical, and literary roots of Freud’s breakthrough have been well documented, psychoanalysis’ inheritance of the rhetorical tradition has been subject to less scrutiny, perhaps partly due to Freud’s own indifference to the subject. I will try and show here how the principle technical innovations of psychoanalytic therapy – free association and the transference – both draw on a long Western tradition of reflection on the persuasive power of language (*logos*), character

⁴ Freud’s indifference to rhetoric may stem from an excessively restricted view of rhetorical “context”, i.e. limiting it to judicial or political situations of urgency. What Freud calls the “analytic situation” nonetheless fulfils each of Bitzer’s three criteria for a “rhetorical situation” (1968) 6.

(*ethos*), and emotional appeal (*pathos*). Free association and the transference reproduce the two key modes of rhetoric as *technē*: rhetoric as persuasion and rhetoric as interpretative tool. With respect to the latter, the necessity of a rhetorical approach to the interpretation of the unconscious is required because the unconscious employs a wealth of rhetorical displacements (e.g., ellipsis: omission of a key term; metonymy: part for whole; periphrasis: talking around) in order to slip past what Freud calls psychical “censorship” (SE, XXII, 15) and into conscious life. The unconscious metaphorises its message through the symptom, requiring an analyst well-versed in the distinction between tenor and vehicle: “as soon as writing, which entails a liquid flow out of a tube on to a piece of white paper, assumes the significance of copulation, or as soon as walking becomes a symbolic substitute for treading upon the body of mother earth, both writing and walking are stopped because they represent the performance of a forbidden sexual act” (SE, XX, 90). But the analyst must also employ rhetorical persuasion as a means of galvanising the progress of the treatment. The analyst’s handling of the transference clearly draws on the old rhetorical proofs of *pathos* (the arousal or abreaction of the patient’s affective responses) and *ethos* (the analyst’s “mirroring” of a particularly important character in the patient’s life).

Although psychoanalysis draws on the resources of the rhetorical tradition, it is by no means reducible to a simple process of persuasion.⁵ For, to use a distinction that has long played a role in rhetorical theory, if psychoanalysis seeks to persuade, it must also convince.⁶ By influencing the transference, the analyst can persuade and thereby alter the structure of the patient’s unconscious. For the analysis to achieve any measure of success, however, the patient must be consciously convinced that they grasped the truth of their condition. Such conviction can only be brought about by the dialectical process of analysis, that is, by rational argumentation. Only reasoned argument can appeal to the logical domains of consciousness and the preconscious, while, conversely, only the analyst’s rhetorical technique can appeal to and thus persuade the non-logical domain of the unconscious.

Psychoanalytic therapy also relies on a third type of discourse, however: the discourse of science. Psychoanalysis has always depended on scientific principles which, irrespective of their number or their relative mutability, play a determined and determining role in structuring the dialectical-rhetorical encounter.

⁵ To claim that psychoanalytic therapy is sustained by “rhetorical analysis” alone (Van den Zwaal (1988)) is to miss both the dynamic dialectic of the analytic encounter and the scientific principles which supposedly underpin it.

⁶ See Perelman (1991) 26–31.

This does not mean that these discursive modes (scientific, dialectical, rhetorical) are always in harmony with each other. In Freud's case, there is a clear desire to understate the rhetorical mode and accentuate the scientific credentials of analysis, for reasons which are no doubt historically strategic. A key argument of the current article, however, is that the specificity of psychoanalytic therapy lies not in its prioritising of any single mode but in its attempt to offer a coherent synthesis of all three. Recent controversies surrounding the burgeoning field of "neuro-psychoanalysis"⁷ remind us that such synthesis has always been controversial, and that the relations between each mode have always been unequal, dynamic, and evolving.

II

To investigate psychoanalysis' integration of these three discursive modes, it is useful to return to a thinker whose work already provides such a model. Throughout his writings, but principally in the *Rhetoric* and the *Topics*, Aristotle stresses the complementary nature of dialectical, rhetorical, and scientific (i.e. demonstrative) proofs.⁸ This complementarity can be stated succinctly: scientific knowledge (*epistēmē*) is produced when syllogistic demonstration (*apodeixis*) is made from certain necessary principles (*archai*).⁹ When the premises are not necessary, but disputed or merely probable opinions (*endoxa*), what is required is dialectical syllogistic (the subject of Aristotle's *Topics*) or, in certain contexts, the rhetorical *enthymeme* (the subject of the *Rhetoric*).

We have already seen how Freud aspired towards a psychoanalysis founded on the model of the natural sciences (SE, XXII, 187–8), but that precise empirical knowledge of the electro-chemical mechanisms underpinning psychical life frustrated such ambitions. To fend off accusations of "suggestion", Freud borrowed a number of principles from biology and physics, where deductions from fundamental axioms had already produced an impressive and broadening body of knowledge (*epistēmē*).¹⁰ Inspired by Gustav Fechner, for instance, what Freud called the "principle of constancy" referred to the psychical apparatus's tendency to keep the internal quantity of excitation as low or as constant as possible, thus

⁷ See, paradigmatically, Solms/Turnbull (2011); Malabou (2012).

⁸ See, for example, *Rhetoric* 1 1, 1355a4–18 (references are to the Barnes edition unless stated otherwise).

⁹ *Posterior Analytics* 1 6, 74b5–12.

¹⁰ On Freud's borrowing from contemporary sciences, see Sulloway (1979); Makari (2008).

explaining the mechanism of repression and the partial discharge of drive energy in the “symptom”. But while physicists could test the validity of their principles through the observation of moving bodies, limitations in neurobiology meant that Freud’s *Konstanzprinzip* could be tested only indirectly, through the dialectical exchange of analyst and analysand and what it revealed about the relative intensity of the patient’s drives.

The dialectic interaction of analysis played a pivotal in testing the foundational axioms of psychoanalytic therapy. Unlike Socratic dialectic, Aristotle’s dialectic does not aim at the timeless truth of a universal Form but serves a critical role in scrutinising the foundations of “the philosophical sciences”.¹¹ At its most concrete, Aristotle’s dialectic involves an “exchange between participants acting in some way as opponents”.¹² In a dialectical debate, the “answerer” typically poses a thesis or proposition which the “questioner” tries to refute by bringing out a latent contradiction in the premises. In the analytic situation, dialectic is useful for the same reason it is in Aristotle: it allows the questioner to test a proposition put forward by the patient without having knowledge of the truth or falsity of the premise in question. In this way, analysis aims, as dialectic does in Aristotle, at “securing premises”¹³ since it only by means of the latter that the patient’s conviction can be attained and the cure effected.

The road to conviction is not, however, straightforward. Following interpretation of the patient’s free associations, the analyst confronts him or her with a thesis (what Freud calls a “construction”) concerning the structure of the patient’s unconscious. As these constructions are accepted or rejected by the patient, consciously or unconsciously, they are progressively refined by the analyst until a “recollection” emerges and the analysand has reached a state of conviction. This, at least, is the basic structure outlined by Freud in his final paper on technique, “Constructions in Analysis” (1937). Here Freud repeatedly emphasises the dialectical nature of analysis: it “involves two people, to each of whom a distinct task is assigned” (SE, XXIII, 258). He aims to refute the commonly held view that psychoanalysis is a dogmatic mode of interpretation, that it is founded on a sophistical logic of “Heads I win, tails you lose” (SE, XXIII, 257). In other words, if the patient agrees with the analyst’s interpretation, the interpretation is correct; if he or she rejects it, this is a sign of his or her resistance to it. In rejecting this view, Freud argues that progress in the treatment is only ever achieved through equal

¹¹ *Topics* 1 2, 101a25–27. For a detailed treatment of the relationship between dialectic and scientific demonstration, see Evans (1977).

¹² Smith (1999) 58.

¹³ Smith (1999) 60.

exchange between patient and analyst. “We do not pretend,” he writes, “that an individual construction is anything more than a conjecture which awaits examination, confirmation or rejection” (SE, XXIII, 265).

While an “interpretation” concerns a fragment of distorted material (a symptom or dream-image, for example), an analyst’s “construction” is a consistent argument drawing on a number of interpretations which providing a picture of the patient’s unconscious (SE, XXIII, 261). The dialectical structure of analysis proceeds, ideally, as follows: “the analyst finishes a piece of construction and communicates it to the subject of the analysis so that it may work upon him; he then constructs a further piece out of the fresh material [including, crucially, the patient’s openness or hostility to the original construction] pouring in upon him, deals with it in the same way and proceeds in this alternating fashion until the end” (SE, XXIII, 260–1). In this way, the patient’s responses – which may or may not be “resistances”, which may or may not be conscious – feed back into the reciprocal spiral of meaning-making that is the analytic situation. The danger of the unjustified “imposition” of a construction is guarded against by the very dialecticity of this process. In the case of a false construction, the patient’s reaction will be tepid and no fresh material will follow, allowing the analyst to discern whether he or she was on the right path or has somehow gone astray. The alternating structure of falsehood and truth is thus actively dialecticized (or, in Hegelian language, “sublated”) by the hermeneutic rules of analytic technique (SE, XXIII, 162). This movement continues until the analyst attains a “construction”, i.e. an internally consistent picture of the patient “forgotten years”, that is both “trustworthy” and “in all essential respects complete”.

The subtlety of Freud’s phrasing here (“in all essential respects”) takes us to the core of the distinction between Socratic and Aristotelean types dialectic. In Plato’s dialogues, most famously the *Meno*, Socratic questioning seeks to bring forth a forgotten truth that is both eternal and external, on the model of the truths of geometry. In the dialectical encounter of analysis, however, what is in question is not a necessary timeless truth but a truth which is internal and historical. If Socratic dialectic terminates in the intuition of an ideal Form, the psychoanalytic dialectic is undertaken in a spirit of provisionality or, to use Freud’s own language, “interminability”.¹⁴ For Aristotle, dialectic is not a positive science but a method of negative critique which is always in some sense incomplete, or rather, to-be-completed. For Freud, similarly, the very notion of a “complete” construction is, like the Borgesian map which completely covers the territory it purports to

¹⁴ SE, XXIII, 209–53. Freud himself rejects the “approximation” of psychoanalytic therapy and the Socratic method (SE, XVI, 280).

represent, a theoretical fiction. Every construction “is an incomplete one, since it covers only a small fragment of the forgotten events” (SE, XXIII, 263). In psychoanalysis, this structural incompleteness takes several forms – the uninterpretable “navel” of the dream (SE, V, 525), the retroactive revision of the meaning of the past (*Nachträglichkeit*),¹⁵ the late conclusion that analysis is always to some extent “interminable” – but in each case it refers to a structural axiom with which analytic therapy must contend. The therapeutic consequences of this are considerable, for if every construction is incomplete, then the “cure” cannot be triggered by a complete correspondence of the construction (the reasoned argument concerning the structure of the patient’s unconscious) with the historical truth of what has been repressed.

From where, then, does the analytic cure arise? Several clues are provided in the closing pages of Freud’s paper. If the patient’s reactions to a construction are “rarely unambiguous”, then “only the further course of the analysis enables us to decide whether our constructions are serviceable or unserviceable”. This language of functionality points again to the fact that a construction need not present a complete picture of a state of affairs in order to be “serviceable”, i.e. effective in bringing about a cure. What is important, we are told, is that the analyst’s “conjecture” is eventually replaced by the patient’s “conviction” (SE, XXIII, 265). If there is congruence between the two, this does not always entail a “recollection” on the patient’s part of the repressed material. Indeed, it is sometimes the case that “an assured conviction of the truth of the construction achieves the same therapeutic result as a recaptured memory” (SE, XXIII, 266). This concession is particularly striking because it suggests that the real aim of analytic therapy is not the Platonic *anamnesis* of recollection per se, but the patient’s reasoned conviction that what he or she has grasped is the truth of their illness. In both cases, i.e. cure by recollection and cure by belief in the construction, the common element is not the reawakening of a memory; it is the patient’s “conviction” of having grasped a truth that has emerged through the dialectical process of analysis.

This emphasis on convincing/conviction, however, brings psychoanalytic therapy into dangerous alignment with rhetorical persuasion. Freud indeed acknowledges the “danger of our leading a patient astray by suggesting, by persuading him to accept things which we ourselves believe but which he ought not to” (SE, XXIII, 262). But here, as in Plato and Aristotle, the dangerous incursion of sophistic rhetoric (“Heads I win, tails you lose”) calls for the scrupulous observation of technique: only correct adherence to the dialectical method of analysis can

15 See Laplanche/Pontalis (1988) 11–114.

guard against unjustified persuasive suggestion (SE, XXIII, 263). It is my contention, however, following Mikkel Borch-Jacobsen's forceful account of the return of "suggestion" in Freud's later work,¹⁶ that the type of rhetorical (i.e., non-rational) persuasion that Freud seeks in this passage to expel from psychoanalytic treatment is in fact a fundamental component of analytic treatment. This is because, as Freud was all too aware, however dynamic the dialectical exchange between analyst and analysand, every analysis eventually encounters an impasse: the patient's "resistance" to the cure (SE, XVI, 286–302). Since rational constructions alone cannot induce the patient to give up these resistances, the analyst must adopt classical techniques of persuasion in order to dynamize a treatment that will otherwise founder in inertia.¹⁷

The necessity of adopting different approaches – one based on rational argument (dialectic), the other on rhetorical persuasion – is explained by Freud's topographical distinction between the *logical* domains of consciousness (perception, thought) and the preconscious (stored memories and experiences), and the essentially *non-logical* domain of the unconscious (repressed wishes, traumas, and libidinal urges).¹⁸ Reasoned argument is insufficient to bring about the cure; it must be supplemented by personal influence, that is, the analyst's handling of the patient's transference-resistance through the arousal of emotions by means of an appropriate presentation of the analyst's character. In other words, only the proofs of *pathos* and *ethos* can bring about conditions in which the analysand will engage openly with the analyst's reasoned constructions (*logos*).

It is striking that Freud, who so vaunts the systematising potential of psychoanalytic theory, seems unaware that the power of both the words and character of the speaker to engage the emotions was already the subject of systematic investigation in antiquity. Indeed, several of Freud's technical recommendations regarding conscious and unconscious influence are the subject of commentary in Aristotle's *Rhetoric*. An example of this rich crossover can be found by comparing Aristotle's text with a short technical paper by Freud, "Wild Psychoanalysis"

¹⁶ Borch-Jacobsen (1990).

¹⁷ Freud distinguishes between conscious and unconscious resistance. The former is "an *intellectual* resistance", in that "it fights by means of argument" (SE, XVI, 289); the latter, "the id's resistance", is more recalcitrant but nonetheless more susceptible to rhetorical persuasion. For a detailed discussion of this distinction, see SE, XX, 224–5.

¹⁸ The unconscious's transgression of logical categories is exemplified in the absurdity of the dreamscape: "dreams are disconnected, they accept the most violent contradictions without the least objection, they admit impossibilities [...]. Anyone who when he was awake behaved in the sort of way that is shown in situations in dreams would be considered insane" (SE, IV, 54, see also SE, V, 543).

(SE, XI, 221–7). In this paper, Freud discusses the dangers of treatment practiced by those insufficiently versed in the theory and technique of psychoanalysis. He recounts the case of a newly divorced woman who was advised by her physician – on the basis of a minimal familiarity with psychoanalytic therapy – that her anxiety was caused by lack of sexual satisfaction. Since her religious background obliged her to reject his prescribed course of treatment (remarrying her husband or taking a new lover), her anxiety worsened. As the woman remained unconvinced by the physician’s “construction”, he referred her case to a personality (*ethos*) of some authority in the field of psychoanalysis: Sigmund Freud – not to *treat* her condition but merely to *confirm* the doctor’s original hypothesis.

On the one hand, the physician’s lack of success stems from an ignorance of the dialectical method of analysis: he attempts to impose his conjectured construction on the patient without applying the appropriate dialectical techniques of interpretation. But he also misunderstands the rhetorical dimension of analysis, believing that Freud’s reputation alone will suffice to persuade the patient to accept the initial construction. These difficulties are only compounded by his ignorance of the scientific principles underpinning the dialectical and rhetorical techniques of analysis, in this case the principle of constancy: the idea that “blocked” internal excitation can be abreacted through simple sexual satisfaction is a gross mischaracterization of analytic theory.

Given the woman’s obvious “hostile feelings” towards him, Freud is most critical of the physician’s innocence of the transference (SE, XI, 221), which means that he is essentially powerless against the patient’s resistances. For Freud, the latter can only be overcome by bypassing the patient’s conscious resistances (which will eventually become susceptible rational argument) and by altering those resistances which remain unconscious (and are thus susceptible only to rhetorical persuasion). The only “means of persuasion” available to the analyst is the manipulation of the positive or negative affective charges of the patient’s transference. It is not the case, as the physician believed, that the authority or reputation of a particular analyst is decisive in analytic treatment; rather it is the analyst’s ability to reflect, unobtrusively, the character or *ethos* of a figure of personal importance to the patient which enables the resolution of the transference-resistance. For Aristotle, if rhetoric is to function as a *technē* appropriate to a maximal variety of situations, the confidence the speaker inspires must “be due to the speech itself, not to any reestablished reputation by the speaker”.¹⁹ If *ethos* as proof were based on the speaker’s actual character or personality, the inflexibility of the latter would in fact inhibit, in the majority of cases, the

19 *Rhetoric*, 1356a9–10. On this point, see Brunschwig, 46.

persuasive power of the orator. It would hamper the orator's ability to influence the audience's emotional responses (*pathos*) since appeals to affect are often built on the orator's *ethos*. The analyst influences the patient's affective responses by presenting him- or herself as a "blank slate" on which the patient can project a pre-existing (most often, but not always, parental) model. Like the ideal orator of Aristotle's *Rhetoric*, who attunes his self-presentation to the character (*ethos*) or characters (*ethoi*) of a given audience,²⁰ Freud argues that "the doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him" (SE, XII, 118).²¹ Only later, once the patient has "formed a sufficient attachment (transference) to the physician for his emotional relationship to him to make a fresh flight impossible" (SE, XI, 226), should the analyst offer the patient a reasoned account of the workings of his or her unconscious.

III

In his classic text on analytic technique, "Variations on the Standard Treatment" (1953), Jacques Lacan ridicules those analysts who use the "stylish" notion of counter-transference (the analyst's affective investment in the patient) as a means of shirking "the action that it is incumbent upon him to take in the production of truth" (2006: 276). While Freud's mirror metaphor suggests an ideal of non-intervention on the part of the analyst, Lacan insists that the analyst must play an active role in all parts of the analytic treatment. Indeed, the very idea that the analyst enjoys a kind of splendid isolation is a fiction, since even the analyst's "silence implies (*comporte*) speech" (2006: 291).

What type of speech is Lacan referring to here? His text makes a sharp distinction between the truth of discourse (*discours*) and the truth of speech (*parole*), the former referring to language's "correspondence to the thing" (2006: 291) and thus with scientific "knowledge of reality", the latter referring to the truth of the unconscious articulated in and through the patient's speech. Despite their fundamental incommensurability, each mode of truth – *discours* and *parole* – is "altered when it crosses the path of the other truth" and therefore each plays complementary roles in the subject's experience of the world. The precise nature

²⁰ Aristotle (2006) 148–56. For Grimaldi "[the aim of Aristotle's] study of the major character types is to show the speaker how his *ethos* must attend and *adjust* to the *ethos* of varied types of auditor if he is to address them successfully" (1998, 2: 186).

²¹ In this way, in Mahony's elegant formulation, "the analyst does not so much persuade as effect a persuasion" (1974) 417.

of this complementarity is developed in a second distinction made by Lacan: between convincing (*con-vaincre*) and persuading (*per-suader*).²²

For Lacan, “discourse (*discours*) proceeds to con-vince, a word that involves in the process of reaching an agreement” (2006: 292). Discourse refers to the agreement of two or more interlocutors concerning a given state of affairs, i.e. the “correspondence” between a verbal picture and the reality it represents. It is analogous to Aristotle’s notion of dialectic in so far as the agreement concerns a particular construction of reality (or thesis). At the same time, reaching agreement on a particular construction of reality (*discours*) is hampered by the continual interruption of the truth of the unconscious (*parole*): “this process [of convincing] is carried out while the subject manifests bad faith, steering his discourse between trickery, ambiguity, and error. But this struggle to assure so precarious a peace would not offer itself as the most common field of intersubjectivity if man were not already completely per-suaded by speech”. In this passage, Lacan, like Freud, holds the unconscious to be the organ of persuasion and the ego that of conviction, even if his somewhat negative (poststructuralist) assessment of the latter marks a clear divergence from Freud (“the subject loses himself in the discourse of conviction, due to the narcissistic mirages that dominate his ego’s relation to the other”).

On the other hand, as in Freud, it is because the subject is “completed persuaded by speech” that the analyst must draw on the rich resources of the rhetorical tradition: “we can see, in the most unexpected manner, in the elaboration of the unconscious’s most original phenomena – dreams and symptoms – the very figures of outdated rhetoric, which prove in practice to provide the most subtle specifications of those phenomena” (2006: 299). Such comparisons between unconscious phenomena and rhetorical figures and tropes were a common intellectual *topos* in the postwar period, originating in the work of Roman Jakobson but perhaps most authoritatively articulated in Lacan’s “linguistic” unconscious.²³ Unlike many of his contemporaries, however, who preserved an essential distinction between psychoanalysis and rhetoric through the figure of analogy, for Lacan the unconscious is not “like” rhetoric: it *is* rhetoric. And if the psychoanalyst is not “like” a rhetor, it is because the psychoanalyst “is

²² The role of this distinction in Lacan may be traceable to his engagement with contemporary theorists of rhetoric such as Chaïm Perelman, to whose work Lacan responds in “Metaphor of the Subject” (2006) 755–8. For Perelman, “the term *persuasive* [applies] to argumentation that only claims validity for a particular audience, and the term *convincing* to argumentation that presumes to gain the adherence of every rational being” (1969) 28–9.

²³ Jakobson (1956); Todorov (1982); Benveniste (1971).

a rhetor (*rhéteur*), [...] he *rhetifies* (*rhétifie*), which implies that he rectifies”.²⁴ The rectification that the patient seeks in analysis, then, is intrinsically linked to the analyst’s status as a *rhetor*, a word we must take not only in its traditional sense – as *teacher* of persuasion through the study of tropes – but also in the sense of a committed *practitioner* of persuasion, as orator.

Existing scholarship on Lacan’s use of rhetoric has examined the importance of tropes and the textbooks of Cicero and Quintilian in understanding the rhetorical turns of the patient’s speech (*parole*).²⁵ Lacan, for instance, famously identifies the mechanisms of unconscious defence with the figures of classical rhetoric:

This is why an exhaustion of the defense mechanisms [...] turns out to be the other side of unconscious mechanisms [...]. Periphrasis, hyperbaton, ellipsis, suspension, anticipation, retraction, negation, digression, and irony, these are the figures of style (Quintilian’s *figurae sententiarum*), just as catachresis, litotes, autonomasia, and hypotyposis are the tropes, whose names strike me as the most appropriate ones with which to label these mechanisms. Can one see here mere manners of speaking, when it is the figures themselves that are at work in the rhetoric of the discourse the analysand actually utters?” (Lacan 2006: 433).

Part of the role of the analyst-rhetor is to interpret such mechanisms rhetorically. The role of the analyst is never simply one of interpretation, however; he or she must also induce or persuade the patient to reflect on the latent meaning of such “turns” of speech and to give up the resistances which motivate it. My focus here will be on precisely this dimension of the analytic equation: the means by which the analyst intervenes actively and rhetorically in the progress of the cure. While Lacan’s relationship to classical rhetoric may not be all-determining, it clearly goes beyond the mechanical application of rhetorical reading to the distorting ruses of the patient’s unconscious (free association). To paraphrase Marx, the goal of psychoanalysis is not simply to interpret the unconscious, the point is also to change it. In examining how the analyst sets about to alter the structure of the analysand’s unconscious, I will draw on a much underexploited corpus of texts: the written testimony of Lacan’s own patients. More specifically, I will make

²⁴ Lacan (1977) 7.

²⁵ Chaitin (1996); Mahony (1974); Fink (2004) 72–5. This reading is summed up by Mahony (425): “in resisting free association or “pure” referential discourse, the patient thereby tries to influence, convince the analyst. The analysand’s resistances are rhetorical, being greatly involved in maintaining his superego or *ethos* before his auditor”. For contemporary rhetorical studies” embrace of Lacan, see Lundberg (2012).

reference to George Haddad's detailed account of his analysis with Lacan, though a wealth of competing material is also available.²⁶

What the detailed examination of such texts reveals is that, for Lacan at least, the analyst's handling of the transference functions at both the concrete, micro-logical level of trope (Lacan deploys irony to intensify the transference and thereby dynamize the cure) and at the larger macro-logical level of persuasion (Lacan employs the rhetorical proofs of *pathos* and *ethos* to induce the patient to give up his or her resistances). In this way, the analytic situation offers an organic synthesis of two dimensions of rhetoric that are sometimes seen to be in conflict: rhetoric as the study of tropes and rhetoric as persuasion.

One of the most significant yet controversial ways in which the Lacanian analyst intervenes in the session is through the technique of "scanning" (*scanner*). Scanning refers to the analyst's attempt to structure the patient's free associations by means of "punctuation" or "interruption". In free associative speech, we have seen, the analysand employs of a series of "spontaneous" rhetorical figures to keep him or her from confronting certain unconscious ideas. The role of the analyst is not only to interpret such speech (and formulate a more or less likely "construction"); it is also to persuade the patient to reflect on its latent meaning and, eventually, to abandon the resistances which underpin it. In Lacanian psychoanalysis, this is achieved through "scanning" the patient's associations, a technique that can be as simple as a well-timed exclamation ("Huh!") or the repetition of a phrase that the patient has just uttered.²⁷ The most extreme, and contentious, method of punctuating the session in this manner is to terminate it without warning, a technical innovation of Lacan that is sometimes called the "short session".

Scanning in fact falls into a very technical rhetorical category: paralipsis, a subset of irony which consists in "drawing attention to something in the very act of pretending to pass it over".²⁸ In Haddad's account of his treatment, for example, he recalls Lacan's punctuation of his free association with a series of inscrutable sniggers (*ricanement*) or seemingly indifferent sighs: "once my statement had described a closed loop, Lacan interrupted me, leaving in the statement's hollow a mysterious significance".²⁹ At face value such dismissals underline the

²⁶ See Roudinesco (1999) 504, n.7 for a (now somewhat dated) bibliography of such testimony; more recently, Gérard Miller (2012) has filmed a series of documentary-interviews with Lacan's former patients.

²⁷ Fink (1999) 15.

²⁸ <http://rhetoric.byu.edu>.

²⁹ Haddad (2002) 102 (all translations my own).

insignificance of what has just been said, but in the charged meaning-laden situation of analysis they can have the opposite, paraliptic effect. The power of this technique lies in the fact that it is not immediately determinable if such dismissals do in fact signify their opposite, that is to say, whether such speech acts have a literal value (“what you have just said has no bearing on your analysis”) or a metaphorical one (“what you have just said is rich with unconscious significance”). The problem of irony, and perhaps the very source of effectiveness as trope, has always been one of uncertainty: how can we know if our interlocutor is being sincere or not? This uncertainty tends to be written out of heavily formalized rhetoric manuals, though its efficacy has resurfaced in recent decades in a postmodern turn from the constative aspect of irony (this is what I *really* meant) to its performative, persuasive function (this is what my proposition does: inspire questioning).³⁰ In the analytic situation, the analyst’s irony is an open-ended problem, one which constantly stimulates the patient to question the truth of his or her repressions. As Lacan puts it in an early seminar, irony is “far from being an aggressive reaction, irony is primarily a means of questioning, a mode of question. If it has an aggressive element, it is structurally secondary in relation to the question element”.³¹ This reference to aggression raises a second and no less important dimension of irony: its relationship to affect. For Hutcheon, “there is an affective “charge” to irony that cannot be ignored and that cannot be separated from its politics of use if it is to account for the range of emotional response (from anger to delight) and the various degrees of motivation and proximity (from distanced detachment to passionate engagement)”.³² Irony may indeed signal the withdrawal of affect, but it also engages emotion in a powerful way through the recursive self-questioning it throws back on the audience. This dimension is a crucial element of Socrates’ use of *eironeia*. Plato’s Socrates deploys irony to biting rhetorical effect in his ceaseless questioning of the citizens of Athens, deliberately blurring the boundaries between his own ignorance and knowledge in a way which frequently arouses the hostility or anger of his interlocutors. In a cognate way, the psychoanalyst feigns ignorance (through the punctuation of a “huh” or the repetition of a phrase) in order to arouse the analysand’s positive or negative emotions and ultimately encourage reflection on the sources of resistance.

As a trope, however, irony never occurs in isolation but is always deployed within the context of a larger process of persuasion. While it can stimulate the interlocutor to self-reflection, it also plays a wider role in the patient’s experience

³⁰ For Linda Hutcheon, this uncertainty is the very source of “irony’s edge” (1994) 11.

³¹ Lacan (1994).

³² Hutcheon (1994) 15.

of the transference. Haddad's account is useful here because it shows, at a concrete technical level, how Lacan's use of scolding aims at stimulating a crisis of *pathos* that will eventually lead to the working-through of the neurosis. The title of Haddad's narrative, *The Day Lacan Adopted Me*, is an (ironic?) allusion to the highly transference nature of what would become a nine-year analysis with Lacan. By projecting his tense relationship with his father onto his relationship with Lacan, Haddad is able to accept the futility of his craving for paternal approval and become, against the wishes of his biological father but with those of his "adopted" father, an analyst in his own right. Haddad's memoir is as an immensely rich source of insight into the practical dynamics of the transference, but I can only comment briefly here on how Lacan makes use of scolding to influence Haddad's transference *pathos* and eventually effect a cure.

The book's narrative clarifies the degree to which Lacan's therapeutic practice was predicated on the plasticity of the analyst's self-presentation (*ethos*). Where Freud cautioned analysts to practice "abstinence" or "privation" (SE, XVII, 162) in relating to patients, to act as an impassive "receptive organ" or "telephone receiver" for the discourse of their analysands (SE, XII, 115), Lacan's technical procedure consisted in direct intercession between the patient and his or her unconscious affective state. Haddad's text thus portrays an analyst who "did not hesitate to offer a paternal gesture in taking the hand of his patient, often on the verge of tears, speaking to him or her with words of affection, "*mon petit, ma bien chère*"". Such techniques aim at intensifying the transference through the use of gestures, verbal and non-verbal, which appeal to the patient's unconscious projections:

He reacted to some of my remarks [...] with sighs full of anxiety and emotion, with handshakes which were some days more insistent than others. While accompanying me in a friendly manner to the door of his consulting room, or while opening the corridor window over the courtyard I had to pass through when leaving the "clinic", he would shout "See you tomorrow! See you tomorrow!" as if I was somehow in danger of forgetting our next meeting. I felt this agitation, whose sincerity I never doubted, like the spur of a horseman pushing me beyond my limits of possibility [...]. In this way an entire series of small satisfactions or privations, so important to the intense transference relationship he encouraged, came to dynamize the cure.³³

It is only when Lacan intensifies the frequency and shortness of their sessions, however, that a crisis is provoked which enables Haddad to grasp the meaning of his analysis. Confronting Lacan over his apparent callousness, Haddad's

33 Haddad (2002) 100.

aetiological epiphany is described in the following terms: “it was precisely this question of the father, of his hoped for yet unbearable death, which formed the hard bone of my relationship to Lacan, of my quasi-delirious transference”.³⁴ My argument here, and indeed throughout this article, has been that Haddad’s realization, based as it is on his reasoned conviction regarding a given construction, could not have occurred without the transference relationship, i.e. without the analyst’s use of rhetorical persuasion to appeal indirectly to unconscious affective charges. If psychoanalysis is by no means reducible to such *technē rhetorikē*, it cannot entirely do without them either.

A final question: if Lacan has done more than any other theorist to reacquaint psychoanalysis with its rhetorical roots, how can we explain his later devotion to the *matheme*, the diagrammatic representation of the structure of the unconscious which seems to run so counter to the contingencies of rhetorical persuasion? The point of the latter is that it represents not content as such, but rather the purity of a timeless “structure” – what Freud would call a “principle” – from which the theoretical and technical practice of psychoanalysis can proceed. Lacan, like Freud, bases the dialectical structure of the analytic situation on scientific principles (*archai*), such as the structures of linguistics or geometry or set theory. But scientific principles alone, as Freud himself concedes, are incapable of leading to a cure. If knowledge of the structure of the unconscious were enough to rid the patient of a particular pathology, then, as Freud notes, “listening to lectures or reading books would be enough to cure him” (SE, XI, 225), just as staring at, or wrangling meaning from, one of Lacan’s *mathemes* will not in and of itself effect a cure. Scientific principles alone are not enough to ensure the success of the treatment. The power of psychoanalysis lies in its integration of dialectical and rhetorical modes which, while they can never be entirely assimilated to scientific principles, are continually informed and shaped by them.

34 Haddad (2002) 166.